Form Approved
OMB No. 2040-0004

Page 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

	N	IONITO	RING	MONITORING PERIOD									
YEAR	МО	DAY		YEAR	МО	DAY							
80	10	01	то	08	10	31							

DMR MAILING ZIP CODE: 96799

**MAJOR** 

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	3	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	*****	*****	*****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 2

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027 PERMIT NUMBER

**FROM** 

001A DISCHARGE NUMBER

	MONITORING PERIOD										
YEAR	MO	DAY		YEAR	МО	DAY					
08	10	01	то	08	10	31					

**DMR MAILING ZIP CODE:** 96799

**MAJOR** 

**DISCHARGE 001/MONTHLY** 

**External Outfall** 

No Discharge

Form Approved OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	****	****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rure, accurate, and complete. I am aware that there are significant						
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved
OMB No. 2040-0004

Page 3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
08	11	01	то	08	11	30					

DMR MAILING ZIP CODE: 96799

**MAJOR** 

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	}	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****		*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY				
08	11	01	то	08	11	30				

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rure, accurate, and complete. I am aware that there are significant						
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved
OMB No. 2040-0004

Page 5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

	MONITORING PERIOD											
YEAR	МО	DAY		YEAR	МО	DAY						
08	12	01	то	08	12	31						

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	3	Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	*****	****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				****	*****	*****		•		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved
OMB No. 2040-0004

Page 6

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY				
08	12	01	то	08	12	31				

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
ĺ		evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						
	TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved
OMB No. 2040-0004

Page 7

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001S DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 08
 07
 01
 TO
 08
 12
 31

**DMR MAILING ZIP CODE:** 96799

**MAJOR** 

DISCHARGE 001S/SEMIANNUAL

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT				****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	13.29 MO AVG	26.67 DAILY MX	lb/d	*****	1138 MO AVG	2284 DAILY MX	ug/L		Semiannual	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.68 MO AVG	1.37 DAILY MX	lb/d	*****	58.42 MO AVG	117.22 DAILY MX	ug/L		Semiannual	COMP24
Mercury, total recoverable	SAMPLE MEASUREMENT				****						
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.02 MO AVG	.06 DAILY MX	lb/d	*****	1.8 MO AVG	4.72 DAILY MX	ug/L		Semiannual	COMP24

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
ĺ		evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						
	TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY